

- I. 02/26/20 Service of Citation of UnitedHealthcare of Texas, Inc.
- J. 03/18/20 Defendants' Original Answer

Respectfully Submitted,

By: /s/ Lance V. Clack

Andrew G. Jubinsky
State Bar No. 11043000
Fed. I.D. No. 8603
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Lance V. Clack
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lance.clack@figdav.com
Fed. I.D. No. 37085

FIGARI + DAVENPORT, LLP
901 Main Street, Suite 3400
Dallas, TX 75202
(214) 939-2000
(214) 939-2090 (Fax)

ATTORNEYS FOR DEFENDANTS

CERTIFICATE OF SERVICE

This is to certify that a true and correct copy of the foregoing document has been served via E-mail on the parties listed below on the 27th day of March, 2020.

Steven J. Mitby
smitby@seilermity.com
Kenna M. Seiler
kseiler@seilermity.com
SEILER MITBY, PLLC
2700 Research Forest Dr., Ste. 100
The Woodlands, TX 77381

/s/ Lance V. Clack
Lance V. Clack

A

REGISTER OF ACTIONS**CASE NO. 20-02-02468**

Texienne Oncology Centers, P.L.L.C. and Texienne Hospital Systems, L.P. §
VS. UnitedHealthcare Insurance Company; UnitedHealthcare of Texas, Inc.; §
UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan §
of Texas, LLC §
 §

Contract
 Case Type: **Consumer/Commercial/Debt**
>\$200,000
 Date Filed: **02/20/2020**
 Location: **284th Judicial District Court**

PARTY INFORMATION

		Attorneys
Defendant	UnitedHealthcare Benefits of Texas, Inc. f/k/a PacifiCare of Texas, Inc. CT Corporation System 1999 Bryan St Ste 900 Dallas, TX 75201	Andrew G Jubinsky <i>Retained</i> 214-939-2000(W)
Defendant	UnitedHealthcare Community Plan of Texas, LLC f/k/a Evercare of Texas, LLC Registered Agent, CT Corporation System 1999 Bryan St Ste 900 Dallas, TX 75201	Andrew G Jubinsky <i>Retained</i> 214-939-2000(W)
Defendant	UnitedHealthcare Insurance Company 185 Asylum St. Hartford, CT 06103	Andrew G Jubinsky <i>Retained</i> 214-939-2000(W)
Defendant	UnitedHealthcare of Texas, Inc. Registered Agent, CT Corporation System 1999 Bryan St Ste 900 Dallas, TX 75201	Andrew G Jubinsky <i>Retained</i> 214-939-2000(W)
Plaintiff	Texienne Oncology Centers P.L.L.C.	Steven J. Mitby <i>Retained</i> 281-419-7770(W)
Plaintiff	Texienne Oncology Centers, P.L.L.C. f/k/a Greater Houston Physicians Medical Ass	Steven J. Mitby <i>Retained</i> 281-419-7770(W)

EVENTS & ORDERS OF THE COURT

	OTHER EVENTS AND HEARINGS		
02/20/2020	Original Petition (OCA)		
02/20/2020	E-Filed Original Petition Document		
02/20/2020	Request For Service		
02/20/2020	Request For Service		
02/20/2020	Request For Service		
02/20/2020	Request For Service		
02/21/2020	Jury Fee Paid		
02/21/2020	Jury Trial Requested		
02/24/2020	Citation UnitedHealthcare Insurance Company	Unserved	
02/24/2020	Citation UnitedHealthcare Benefits of Texas, Inc. f/k/a PacifiCare of Texas, Inc.	Served	02/26/2020
		Returned	02/26/2020
02/24/2020	Citation UnitedHealthcare Community Plan of Texas, LLC f/k/a Evercare of Texas, LLC	Served	02/26/2020
		Returned	02/26/2020
02/24/2020	Citation UnitedHealthcare of Texas, Inc.	Served	02/26/2020
		Returned	02/26/2020
02/26/2020	Return of Service		
02/26/2020	Return of Service		
02/26/2020	Return of Service		
03/18/2020	Original Answer		

FINANCIAL INFORMATION

Plaintiff Texienne Oncology Centers, P.L.L.C. f/k/a Greater Houston Physicians Medical Ass		
	Total Financial Assessment	368.00
	Total Payments and Credits	368.00
	Balance Due as of 03/24/2020	0.00
02/21/2020	Transaction Assessment	368.00
02/21/2020	E-File Electronic Payment Receipt # 2020-262028	Texienne Oncology Centers, P.L.L.C. f/k/a Greater Houston Physicians Medical Ass (368.00)

B

CAUSE NO. 20-02-02468TEXIENNE ONCOLOGY CENTERS,
P.L.L.C AND TEXIENNE HOSPITAL
SYSTEMS, L.P.,

Plaintiffs

V.

UNITEDHEALTHCARE INSURANCE
COMPANY; UNITEDHEALTHCARE
OF TEXAS, INC.;
UNITEDHEALTHCARE BENEFITS
OF TEXAS, INC.; AND
UNITEDHEALTHCARE
COMMUNITY PLAN OF TEXAS,
LLC.§ IN THE DISTRICT COURT OF
§
§
§ Montgomery County - 284th Judicial District Court
§
§
§ MONTGOMERY COUNTY, TEXAS
§
§ ____ JUDICIAL DISTRICT
§
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§
§
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§
§
§**PLAINTIFFS' ORIGINAL PETITION**

TO THE HONORABLE JUDGE OF SAID COURT:

COME NOW, Texienne Oncology Centers, P.L.L.C. f/k/a Greater Houston Physicians Medical Association, P.L.L.C. ("GHPMA") and Texienne Hospital Systems, L.P. f/k/a Apollo Hospital Systems, L.P. ("Apollo Hospital") (hereinafter referred to collectively as "Plaintiffs" or "Texienne") and file this Plaintiffs' Original Petition against UnitedHealthcare Insurance Company, UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., and UnitedHealthcare Community Plan of Texas, LLC (hereinafter referred to collectively as "UnitedHealthcare" or "Defendants") and in support thereof shows as follows:

I. PARTIES

1. Plaintiff Texienne Oncology Centers, P.L.L.C. f/k/a Greater Houston Physicians Medical Association, P.L.L.C. ("GHPMA") is a Texas professional limited liability company.
2. Plaintiff Texienne Hospital Systems, L.P. f/k/a Apollo Hospital Systems, L.P. ("Apollo Hospital") is a Texas limited partnership.

3. Defendant UnitedHealthcare Insurance Company is a Connecticut corporation with its principal place of business at 185 Asylum St., Hartford, Connecticut 06103. It does not maintain an agent in the State of Texas for the service of process and therefore may be served via the Texas Secretary of State, with service forwarded to 185 Asylum St., Hartford, Connecticut 06103.

4. Defendant UnitedHealthcare of Texas, Inc. is a Texas corporation with its principal place of business at 185 Asylum St., CT039-04B, Hartford, Connecticut 06103. It may be served through its Registered Agent for Service: CT Corporation System, 1999 Bryan St., Ste. 900, Dallas, Texas 75201.

5. Defendant UnitedHealthcare Benefits of Texas, Inc. (f/k/a PacifiCare of Texas, Inc.) is a Texas corporation with its principal place of business at 3100 AMS Blvd., Green Bay, Wisconsin 54313. It may be served through its Registered Agent for Service: CT Corporation System, 1999 Bryan St., Ste. 900, Dallas, Texas 75201.

6. Defendant UnitedHealthcare Community Plan of Texas, LLC (f/k/a Evercare of Texas, LLC) is a Texas limited liability company with its principal place of business at 185 Asylum St., Hartford, Connecticut 06103. It may be served through its Registered Agent for Service: CT Corporation System, 1999 Bryan St., Ste. 900, Dallas, Texas 75201.

II. JURISDICTION AND VENUE

7. This Court has jurisdiction over this matter because the amount in controversy exceeds its minimum jurisdictional requirements. Venue is proper under Section 15.002 of the Texas Civil Practice & Remedies Code because all or a substantial part of the events or omissions giving rise to the claims occurred in Montgomery County, Texas. This Court has general and specific personal jurisdiction over UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare Community Plan of Texas, LLC because they reside in Texas and

over UnitedHealthcare Insurance Company because it has sufficient minimum contacts with Texas and because the events and occurrences that are the subject of this lawsuit occurred in Texas.

8. Plaintiffs request that the Court order a Level 2 Discovery Control Plan.

9. Pursuant to Rule 47 of the Texas Rules of Civil Procedure, Plaintiffs seek damages within the jurisdictional limits of this Court, including monetary relief over \$1,000,000.00.

III. JURY DEMAND

10. Pursuant to Rule 216 of the Texas Rules of Civil Procedure, Plaintiffs request a trial by jury and pay the appropriate fee.

IV. FACTS

11. Apollo Hospital was a small, full-service hospital located in The Woodlands, Texas. GHPMA was a large physician group practice with numerous offices across the north Houston area.

12. On or around March 2014, Apollo Hospital entered into a Facility Participation Agreement with UnitedHealthcare for the provision of hospital medical services to UnitedHealthcare's insureds ("the Apollo Agreement"). In exchange for Apollo Hospital's medical services, UnitedHealthcare agreed to compensate Apollo Hospital at specific rates set forth in the Apollo Agreement.

13. Similarly, on or around May of 2009, GHPMA entered into a Medical Group Participation Agreement with UnitedHealthcare for the provision of covered medical services to UnitedHealthcare insureds with the effective day of May 15, 2009 ("the GHPMA agreement"). In exchange for GHPMA's provision of covered medical services, UnitedHealthcare agreed to compensate GHPMA at specific rates set forth in the GHPMA Agreement.

14. Both Apollo and GHPMA fully complied with their obligations under the Agreements and timely submitted clean claims for reimbursement to UnitedHealthcare. However,

UnitedHealthcare has failed to pay Apollo Hospital and GHPMA for clean claims in excess of \$4 million.

V. CLAIMS AGAINST DEFENDANTS

15. Plaintiffs incorporate the above facts by reference herein.

16. UnitedHealthcare was contractually obligated to pay Plaintiffs the rates set forth in the contracts for the provision of covered healthcare services. UnitedHealthcare was also statutorily obligated pursuant to § 843.342 of the Texas Insurance Code to pay those claims.

17. UnitedHealthcare breached its statutory and contractual obligations by improperly denying Plaintiffs' "clean claims" for covered medical services.

18. Because UnitedHealthcare failed to timely pay Plaintiffs' claims, Plaintiffs are entitled to statutory penalties and interest under Texas Insurance Code § 843.336; *et seq.*

19. Pursuant to Tex. Civ. Prac. & Rem. Code § 38.001 and Tex. Ins. Code § 843.343, Plaintiffs are entitled to their attorneys' fees in the prosecution of this matter.

VI. DAMAGES

20. Each of the unlawful acts alleged above has proximately caused damages to Plaintiffs. They are suffered and will continue to suffer in the future, actual damages, direct and consequential, including without limitation lost profits in the past and in the future, and damage to goodwill.

VII. CONDITIONS PRECEDENT

21. All conditions precedent to Plaintiffs' recovery have been performed or have occurred.

VIII. REQUEST FOR DISCLOSURE

22. Under Texas Rule of Civil Procedure 194, Plaintiffs request that UnitedHealthcare disclose, within 50 days of the service of this requires, the information or material described in Rule 194.2 of the Texas Rules of Civil Procedure.

IX. PRAYER

23. Plaintiffs pray that UnitedHealthcare be commanded to appear and answer, and that Plaintiffs have and recover the following from the Defendants:

- All actual damages suffered by Plaintiffs, an amount which is excess of the minimum jurisdictional limit of the Court;
- Attorneys' fees;
- Costs of suit, pre-judgment and post judgment interest in the maximum amount allowed by law;
- Statutory damage, interest, costs, and attorney's fees; and
- Any and all other relief Plaintiffs may be entitled to at law or in equity.

Respectfully submitted,

SEILER MITBY, PLLC

/s/ Steven J. Mitby

Steven J. Mitby

State Bar No. 24037123

smitby@seilermity.com

Kenna M. Seiler

State Bar No. 13944250

kseiler@seilermity.com

2700 Research Forest Drive, Suite 100

The Woodlands, Texas 77381

(281) 419-7770

(281) 419-7791 – Telecopier

ATTORNEYS FOR PLAINTIFFS

C



Request for Service

Montgomery County District Clerk

CASE NUMBER: 20-02-02468 CURRENT COURT: Montgomery County - 284th Judicial District CourtName(s) of Documents to be served: Plaintiffs' Original PetitionFILE DATE of document(s) to be served: 02/20/2020 Month/Day/Year

SERVICE TO BE ISSUED ON (Please List Exactly as The Name Appears in The Pleading to Be Served):

Issue Service to: UnitedHealthcare Insurance CompanyAddress of Service: 185 Asylum St.City, State & Zip: Hartford, Connecticut 06103

Agent (if applicable): _____

☐ Check here to have citation addressed to wherever the addressee may be found.

TYPE OF SERVICE/PROCESS TO BE ISSUED: (Check the appropriate box)

- | | | |
|---|---|---|
| <input type="checkbox"/> Citation for Personal Service | <input checked="" type="checkbox"/> Secretary of State Citation (\$12.00) | <input type="checkbox"/> Civil Injunction/TRO |
| <input type="checkbox"/> Citation by Posting | <input type="checkbox"/> Highway Commission (\$12.00) | <input type="checkbox"/> Precept |
| <input type="checkbox"/> Citation by Publication | <input type="checkbox"/> Commissioner of Insurance (\$12.00) | <input type="checkbox"/> Subpoena |
| <input type="checkbox"/> Citation Scire Facias | <input type="checkbox"/> Capias (not an E-Issuance) | <input type="checkbox"/> Other (Please describe) |
| <input type="checkbox"/> Writ of Garnishment | <input type="checkbox"/> Temporary Restraining Order (Family) | _____ |
| <input type="checkbox"/> Writ of Sequestration | <input type="checkbox"/> Temporary Ex Parte Protective Order | _____ |
| <input type="checkbox"/> Writ of Attachment | <input type="checkbox"/> Notice of Appl. For Protective Order | _____ |
| <input type="checkbox"/> Writ of Habeas Corpus | <input type="checkbox"/> Notice of Hearing/Show Cause | (See additional forms for
Post Judgment Service) |
| <input type="checkbox"/> Notice of Foreign Judgment (UIFSA) | | |
| <input type="checkbox"/> Notice of Foreign Judgment (UCCJEA) (by certified mail service) | | |
| <input type="checkbox"/> Writ of Withholding (\$15.00 - certified mail by District Clerk only) | | |
| <input type="checkbox"/> Notice of Termination of Child Support (\$15.00 - certified mail by District Clerk only) | | |

SERVICE BY: (Check the appropriate box.)

☒ E-Issuance by District Clerk (No Service Copy Fees Charged) (Note:) CAPIAS is not an E-Issuance Option

*Citations returned electronically will be e-served through E-file Texas to requesting attorney/pro se.

- ☐ ATTORNEY PICK-UP (phone or email contact): _____
- ☐ MAIL to attorney at Attorney of Record's address on file in case record.
- ☐ CERTIFIED MAIL by District Clerk
- ☐ Regular Mail (only available for Expedited Foreclosures and UIFSA Foreign Judgments)
- ☐ CIVIL PROCESS SERVER - Authorized Person to Pick-up: _____ Phone: _____
- ☐ OTHER, explain: _____

Issuance of Service requested by:

Attorney/Party Name: Stephanie Womack Bar# or ID: _____Mailing Address: 2700 Research Forest Dr., Ste. 100, The Woodlands, TX 77381Phone Number: 281-419-7770

D



Request for Service

Montgomery County District Clerk

CASE NUMBER: Montgomery County - 284th Judicial District Court CURRENT COURT: Montgomery County - 284th Judicial District CourtName(s) of Documents to be served: Plaintiffs' Original PetitionFILE DATE of document(s) to be served: 02/20/2020 Month/Day/Year

SERVICE TO BE ISSUED ON (Please List Exactly as The Name Appears in The Pleading to Be Served):

Issue Service to: UnitedHealthcare Community Plan of Texas, LLC (f/k/a Evercare of Texas, LLC)Address of Service: 1999 Bryan St., Ste. 900City, State & Zip: Dallas, Texas 75201Agent (if applicable): CT Corporation System☐ Check here to have citation addressed to wherever the addressee may be found.

TYPE OF SERVICE/PROCESS TO BE ISSUED: (Check the appropriate box)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Citation for Personal Service | <input type="checkbox"/> Secretary of State Citation (\$12.00) | <input type="checkbox"/> Civil Injunction/TRO |
| <input type="checkbox"/> Citation by Posting | <input type="checkbox"/> Highway Commission (\$12.00) | <input type="checkbox"/> Precept |
| <input type="checkbox"/> Citation by Publication | <input type="checkbox"/> Commissioner of Insurance (\$12.00) | <input type="checkbox"/> Subpoena |
| <input type="checkbox"/> Citation Scire Facias | <input type="checkbox"/> Capias (not an E-Issuance) | <input type="checkbox"/> Other (Please describe) |
| <input type="checkbox"/> Writ of Garnishment | <input type="checkbox"/> Temporary Restraining Order (Family) | |
| <input type="checkbox"/> Writ of Sequestration | <input type="checkbox"/> Temporary Ex Parte Protective Order | |
| <input type="checkbox"/> Writ of Attachment | <input type="checkbox"/> Notice of Appl. For Protective Order | |
| <input type="checkbox"/> Writ of Habeas Corpus | <input type="checkbox"/> Notice of Hearing/Show Cause | |
| <input type="checkbox"/> Notice of Foreign Judgment (UIFSA) | | |
| <input type="checkbox"/> Notice of Foreign Judgment (UCCJEA) (by certified mail service) | | |
| <input type="checkbox"/> Writ of Withholding (\$15.00 - certified mail by District Clerk only) | | |
| <input type="checkbox"/> Notice of Termination of Child Support (\$15.00 - certified mail by District Clerk only) | | |

(See additional forms for
Post Judgment Service)

SERVICE BY: (Check the appropriate box.)

☒ E-Issuance by District Clerk (No Service Copy Fees Charged) (Note:) CAPIAS is not an E-Issuance Option

*Citations returned electronically will be e-served through E-file Texas to requesting attorney/pro se.

- ☐ ATTORNEY PICK-UP (phone or email contact): _____
- ☐ MAIL to attorney at Attorney of Record's address on file in case record.
- ☐ CERTIFIED MAIL by District Clerk
- ☐ Regular Mail (only available for Expedited Foreclosures and UIFSA Foreign Judgments)
- ☐ CIVIL PROCESS SERVER - Authorized Person to Pick-up: _____ Phone: _____
- ☐ OTHER, explain: _____

Issuance of Service requested by:

Attorney/Party Name: Stephanie Womack Bar# or ID: _____Mailing Address: 2700 Research Forest Dr., Ste. 100, The Woodlands, TX 77381Phone Number: 281-419-7770

E



Request for Service

Montgomery County District Clerk

Montgomery County - 284th Judicial District Court - 2002-02468
CASE NUMBER: _____ **CURRENT COURT:** _____**Name(s) of Documents to be served:** Plaintiffs' Original Petition**FILE DATE of document(s) to be served:** 02/20/2020 Month/Day/Year**SERVICE TO BE ISSUED ON (Please List Exactly as The Name Appears in The Pleading to Be Served):****Issue Service to:** UnitedHealthcare Benefits of Texas, Inc. (f/k/a PacifiCare of Texas, Inc.)**Address of Service:** 1999 Bryan St., Ste. 900**City, State & Zip:** Dallas, Texas 75201**Agent (if applicable):** CT Corporation System☐ Check here to have citation addressed to wherever the addressee may be found.**TYPE OF SERVICE/PROCESS TO BE ISSUED: (Check the appropriate box)**

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Citation for Personal Service | <input type="checkbox"/> Secretary of State Citation (\$12.00) | <input type="checkbox"/> Civil Injunction/TRO |
| <input type="checkbox"/> Citation by Posting | <input type="checkbox"/> Highway Commission (\$12.00) | <input type="checkbox"/> Precept |
| <input type="checkbox"/> Citation by Publication | <input type="checkbox"/> Commissioner of Insurance (\$12.00) | <input type="checkbox"/> Subpoena |
| <input type="checkbox"/> Citation Scire Facias | <input type="checkbox"/> Capias (not an E-Issuance) | <input type="checkbox"/> Other (Please describe) |
| <input type="checkbox"/> Writ of Garnishment | <input type="checkbox"/> Temporary Restraining Order (Family) | |
| <input type="checkbox"/> Writ of Sequestration | <input type="checkbox"/> Temporary Ex Parte Protective Order | |
| <input type="checkbox"/> Writ of Attachment | <input type="checkbox"/> Notice of Appl. For Protective Order | |
| <input type="checkbox"/> Writ of Habeas Corpus | <input type="checkbox"/> Notice of Hearing/Show Cause | |
| <input type="checkbox"/> Notice of Foreign Judgment (UIFSA) | | |
| <input type="checkbox"/> Notice of Foreign Judgment (UCCJEA) (by certified mail service) | | |
| <input type="checkbox"/> Writ of Withholding (\$15.00 - certified mail by District Clerk only) | | |
| <input type="checkbox"/> Notice of Termination of Child Support (\$15.00 - certified mail by District Clerk only) | | |

(See additional forms for
Post Judgment Service)**SERVICE BY: (Check the appropriate box.)**☒ E-Issuance by District Clerk (No Service Copy Fees Charged) (Note:) CAPIAS is not an E-Issuance Option

*Citations returned electronically will be e-served through E-file Texas to requesting attorney/pro se.

- ☐ ATTORNEY PICK-UP (phone or email contact): _____
- ☐ MAIL to attorney at Attorney of Record's address on file in case record.
- ☐ CERTIFIED MAIL by District Clerk
- ☐ Regular Mail (only available for Expedited Foreclosures and UIFSA Foreign Judgments)
- ☐ CIVIL PROCESS SERVER - Authorized Person to Pick-up: _____ Phone: _____
- ☐ OTHER, explain: _____

Issuance of Service requested by:**Attorney/Party Name:** Stephanie Womack **Bar# or ID:** _____**Mailing Address:** 2700 Research Forest Dr., Ste. 100, The Woodlands, TX 77381**Phone Number:** 281-419-7770

F



Request for Service

Montgomery County District Clerk

CASE NUMBER: 20-02-02468 CURRENT COURT: Montgomery County - 284th Judicial District CourtName(s) of Documents to be served: Plaintiffs' Original PetitionFILE DATE of document(s) to be served: 02/20/2020 Month/Day/Year

SERVICE TO BE ISSUED ON (Please List Exactly as The Name Appears in The Pleading to Be Served):

Issue Service to: UnitedHealthcare of Texas, Inc.Address of Service: 1999 Bryan St., Ste. 900City, State & Zip: Dallas, Texas 75201Agent (if applicable): CT Corporation System☐ Check here to have citation addressed to wherever the addressee may be found.

TYPE OF SERVICE/PROCESS TO BE ISSUED: (Check the appropriate box)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Citation for Personal Service | <input type="checkbox"/> Secretary of State Citation (\$12.00) | <input type="checkbox"/> Civil Injunction/TRO |
| <input type="checkbox"/> Citation by Posting | <input type="checkbox"/> Highway Commission (\$12.00) | <input type="checkbox"/> Precept |
| <input type="checkbox"/> Citation by Publication | <input type="checkbox"/> Commissioner of Insurance (\$12.00) | <input type="checkbox"/> Subpoena |
| <input type="checkbox"/> Citation Scire Facias | <input type="checkbox"/> Capias (not an E-Issuance) | <input type="checkbox"/> Other (Please describe) |
| <input type="checkbox"/> Writ of Garnishment | <input type="checkbox"/> Temporary Restraining Order (Family) | |
| <input type="checkbox"/> Writ of Sequestration | <input type="checkbox"/> Temporary Ex Parte Protective Order | |
| <input type="checkbox"/> Writ of Attachment | <input type="checkbox"/> Notice of Appl. For Protective Order | |
| <input type="checkbox"/> Writ of Habeas Corpus | <input type="checkbox"/> Notice of Hearing/Show Cause | |
| <input type="checkbox"/> Notice of Foreign Judgment (UIFSA) | | (See additional forms for |
| <input type="checkbox"/> Notice of Foreign Judgment (UCCJEA) (by certified mail service) | | Post Judgment Service) |
| <input type="checkbox"/> Writ of Withholding (\$15.00 - certified mail by District Clerk only) | | |
| <input type="checkbox"/> Notice of Termination of Child Support (\$15.00 - certified mail by District Clerk only) | | |

SERVICE BY: (Check the appropriate box.)

☒ E-Issuance by District Clerk (No Service Copy Fees Charged) (Note:) CAPIAS is not an E-Issuance Option

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- ☐ Regular Mail (only available for Expedited Foreclosures and UIFSA Foreign Judgments)
- ☐ CIVIL PROCESS SERVER - Authorized Person to Pick-up: _____ Phone: _____
- ☐ OTHER, explain: _____

Issuance of Service requested by:

Attorney/Party Name: Stephanie Womack Bar# or ID: _____Mailing Address: 2700 Research Forest Dr., Ste. 100, The Woodlands, TX 77381Phone Number: 281-419-7770

G

57541-2

CITATION

Cause Number: 20-02-02468

Clerk of the Court
Melisa Miller
P.O. Box 2985
Conroe, Texas 77305

Attorney Requesting Service
Steven J. Mitby
2700 Research Forest Drive Suite 100
The Woodlands TX 77381

THE STATE OF TEXAS

NOTICE TO DEFENDANT: You have been sued. You may employ an attorney. If you or your attorney does not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

To: UnitedHealthcare Community Plan of Texas, LLC f/k/a Evercare of Texas, LLC
Registered Agent CT Corporation System
1999 Bryan St Ste 900
Dallas TX 75201

You are hereby commanded to appear by filing a written answer to the Plaintiffs' Original Petition at or before 10:00 A.M. of the Monday next after the expiration of twenty days after the date of service of this citation before the Honorable 284th Judicial District Court Montgomery County, Texas at the Courthouse of said County in Conroe, Texas.

Said Plaintiffs' Original Petition was filed in said court on this the 20th day of February, 2020 numbered 20-02-02468 on the docket of said court, and styled, Texienne Oncology Centers, P.L.L.C. and Texienne Hospital Systems, L.P. VS. UnitedHealthcare Insurance Company; UnitedHealthcare of Texas, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of Texas, LLC

The nature of plaintiff's demand is fully shown by a true and correct copy of the Plaintiffs' Original Petition accompanying this citation and made a part hereof.

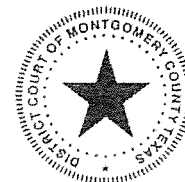
The officer executing this writ shall promptly serve the same according to requirements of law, and the mandates thereof, and make due return as the law directs.

Issued and given under my hand and seal of said Court at Conroe, Texas on this the 24th day of February, 2020.

Melisa Miller, District Clerk
Montgomery County, Texas

By: Deven Maropis
Deven Maropis, Deputy

2/24/2020 2:06:57 PM



57541-2
OFFICER'S RETURN

Cause No. 20-02-02468

Court No: 284th Judicial District Court

Style: Texienne Oncology Centers, P.L.L.C. and Texienne Hospital Systems, L.P. VS. UnitedHealthcare Insurance Company; UnitedHealthcare of Texas, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of Texas, LLC

To: UnitedHealthcare Community Plan of Texas, LLC f/k/a Evercare of Texas, LLC

Address: Registered Agent CT Corporation System
1999 Bryan St Ste 900
Dallas TX 75201Came to hand the 25th day of February, 2020, at 2:56 P.M. o'clock, and executed in Dallas County, Texas by delivering to each of the within named defendants in person, a true copy of this citation with the date of delivery endorsed thereon, together with the accompanying copy of the Plaintiffs' Original Petition at the following times and places, to wit:

Name	Date/Time	Place, Course and distance from Courthouse
United Healthcare Community Plan of Texas, LLC	2/26/2020 8:30 A.M.	1999 Bryan Street Dallas, TX 75201
Manner of service:		Hand to Hand

*And not executed as to the defendant(s) N/AThe diligence used in finding said defendant(s) being: N/AAnd the cause of failure to execute this process is: N/AAnd information received as to the whereabouts of said defendant(s) being: N/A

FEES:

Serving Petition and Copy \$ N/ATOTAL \$ N/A

Stacy Shepherd Affiant
OFFICER
Deputy County, Texas
By: N/A, Deputy

AFFIANT

Complete if you are a person other than a Sheriff, Constable, or Clerk of the Court. In accordance with Rule 107: the officer, or authorized person who services, or attempts to serve a citation shall sign and return. The return must either be verified or be signed under penalty of perjury.

A return signed under penalty of perjury must contain the statement below in substantially the following form:

My full name is David Steve Shepherd
My date of birth is 6/19/1957 and my address is Fort Worth, TX 76104
5232 Apache Plume Rd #14422

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Executed in Dallas County, State of TEXAS,
on the 26th day of February, 2020.

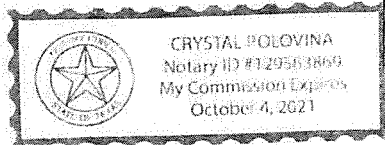
Stacy Shepherd
Declarant/Authorized Process Server
PSL-12714 Exp. 6/30/2020
ID# & Exp. Of Certification

Stacy Shepherd
Declarant/Authorized Process Server
PSL-12714 Exp. 6/30/2020
ID# & Exp. Of Certification

SWORN AND SUBSCRIBED ON

Feb. 26th 2020
DATE

Crystal Lyn Polovina
NOTARY



H

57541-3

CITATION

Cause Number: 20-02-02468

Clerk of the Court
Melisa Miller
P.O. Box 2985
Conroe, Texas 77305

Attorney Requesting Service
Steven J. Mitby
2700 Research Forest Drive Suite 100
The Woodlands TX 77381

THE STATE OF TEXAS

NOTICE TO DEFENDANT: You have been sued. You may employ an attorney. If you or your attorney does not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

To: UnitedHealthcare Benefits of Texas, Inc. f/k/a PacifiCare of Texas, Inc.
CT Corporation System
1999 Bryan St Ste 900
Dallas TX 75201

You are hereby commanded to appear by filing a written answer to the Plaintiffs' Original Petition at or before 10:00 A.M. of the Monday next after the expiration of twenty days after the date of service of this citation before the Honorable 284th Judicial District Court Montgomery County, Texas at the Courthouse of said County in Conroe, Texas.

Said Plaintiffs' Original Petition was filed in said court on this the 20th day of February, 2020 numbered 20-02-02468 on the docket of said court, and styled, Texienne Oncology Centers, P.L.L.C. and Texienne Hospital Systems, L.P. VS. UnitedHealthcare Insurance Company; UnitedHealthcare of Texas, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of Texas, LLC

The nature of plaintiff's demand is fully shown by a true and correct copy of the Plaintiffs' Original Petition accompanying this citation and made a part hereof.

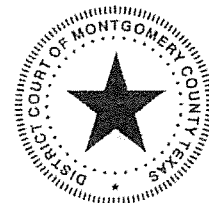
The officer executing this writ shall promptly serve the same according to requirements of law, and the mandates thereof, and make due return as the law directs.

Issued and given under my hand and seal of said Court at Conroe, Texas on this the 24th day of February, 2020.

Melisa Miller, District Clerk
Montgomery County, Texas

By: Deven Maropis
Deven Maropis, Deputy

2/24/2020 2:07:15 PM



57541-3
OFFICER'S RETURN

Cause No. 20-02-02468

Court No: 284th Judicial District Court

Style: Texienne Oncology Centers, P.L.L.C. and Texienne Hospital Systems, L.P. VS. UnitedHealthcare Insurance Company; UnitedHealthcare of Texas, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of Texas, LLC

To: UnitedHealthcare Benefits of Texas, Inc. f/k/a PacificCare of Texas, Inc.

Address: CT Corporation System
1999 Bryan St Ste 900
Dallas TX 75201

Came to hand the 25TH day of February, 2020, at 2:56 P.M. o'clock, and executed in Dallas County, Texas by delivering to each of the within/named defendants in person, a true copy of this citation with the date of delivery endorsed thereon, together with the accompanying copy of the Plaintiffs' Original Petition at the following times and places, to wit:

Name	Date/Time	Place, Course and distance from Courthouse
United Healthcare of Texas, Inc.	2/26/2020 5:32 A.M.	1999 Bryan St. Dallas, TX 75201
Benefits		
TEXAS, INC.		

Manner of service: Hand to hand

*And not executed as to the defendant(s) N/AThe diligence used in finding said defendant(s) being: N/AAnd the cause of failure to execute this process is: N/AAnd information received as to the whereabouts of said defendant(s) being: N/A

FEES:

Serving Petition and Copy \$ N/ATOTAL \$ N/A

Steve Shepherd Affiant
OFFICER
TARRANT County, Texas
By: SLA, Deputy

AFFIANT

Complete if you are a person other than a Sheriff, Constable, or Clerk of the Court. In accordance with Rule 107: the officer, or authorized person who services, or attempts to serve a citation shall sign and return. The return must either be verified or be signed under penalty of perjury.

A return signed under penalty of perjury must contain the statement below in substantially the following form:

My full name is David Steele Shepherd
My date of birth is 6/19/1975, and my address is Fort Worth 5232 Apache Plume Rd #14/22 TEXAS 76109

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

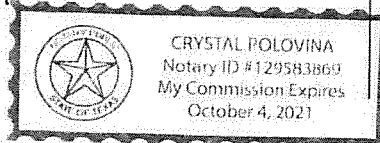
Executed in Dallas, County, State of TEXAS,
on the 26th day of February, 2020.

Steve Shepherd
Declarant/Authorized Process Server
PS-12714 Exp. 6/30/2020
ID# & Exp. Of Certification

Steve Shepherd
Declarant/Authorized Process Server
PS-12714 Exp. 6/30/2020
ID# & Exp. Of Certification

SWORN AND SUBSCRIBED ON
Feb. 26, 2020
DATE

Crystal Lyn Polovina
NOTARY



I

57541-1

Melisa Miller, District Clerk
Montgomery County, Texas
Deputy Clerk, Patricia Morrill**CITATION**

Cause Number: 20-02-02468

Clerk of the Court
Melisa Miller
P.O. Box 2985
Conroe, Texas 77305Attorney Requesting Service
Steven J. Mitby
2700 Research Forest Drive Suite 100
The Woodlands TX 77381**THE STATE OF TEXAS**

NOTICE TO DEFENDANT: You have been sued. You may employ an attorney. If you or your attorney does not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

To: UnitedHealthcare of Texas, Inc.
Registered Agent CT Corporation System
1999 Bryan St Ste 900
Dallas TX 75201

You are hereby commanded to appear by filing a written answer to the Plaintiffs' Original Petition at or before 10:00 A.M. of the Monday next after the expiration of twenty days after the date of service of this citation before the Honorable 284th Judicial District Court Montgomery County, Texas at the Courthouse of said County in Conroe, Texas.

Said Plaintiffs' Original Petition was filed in said court on this the 20th day of February, 2020 numbered 20-02-02468 on the docket of said court, and styled, Texienne Oncology Centers, P.L.L.C. and Texienne Hospital Systems, L.P. VS. UnitedHealthcare Insurance Company; UnitedHealthcare of Texas, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of Texas, LLC

The nature of plaintiff's demand is fully shown by a true and correct copy of the Plaintiffs' Original Petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly serve the same according to requirements of law, and the mandates thereof, and make due return as the law directs.

Issued and given under my hand and seal of said Court at Conroe, Texas on this the 24th day of February, 2020.

Melisa Miller, District Clerk
Montgomery County, TexasBy: Deven Maropis
Deven Maropis, Deputy

2/24/2020 2:07:34 PM



57541-1
OFFICER'S RETURN

Cause No. 20-02-02468

Court No: 284th Judicial District Court

Style: Texienne Oncology Centers, P.L.L.C. and Texienne Hospital Systems, L.P. VS. UnitedHealthcare Insurance Company; UnitedHealthcare of Texas, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of Texas, LLC

To: UnitedHealthcare of Texas, Inc.

Address: Registered Agent CT Corporation System
1999 Bryan St Ste 900
Dallas TX 75201Came to hand the 25th day of February, 2020, at 2:54 P.M. o'clock, and executed in Dallas County, Texas by delivering to each of the within named defendants in person, a true copy of this citation with the date of delivery endorsed thereon, together with the accompanying copy of the Plaintiffs' Original Petition at the following times and places, to wit:

Name	Date/Time	Place, Course and distance from Courthouse
<u>UnitedHealthcare of Texas</u>	<u>2/26/2020 8:32 A.M.</u>	<u>1999 Bryan St. Dallas, TX 75201</u>

Manner of service: Hand to hand*And not executed as to the defendant(s) N/AThe diligence used in finding said defendant(s) being: N/AAnd the cause of failure to execute this process is: N/AAnd information received as to the whereabouts of said defendant(s) being: N/A

FEES:

Serving Petition and Copy \$ N/ATOTAL \$ N/A

Steele Shepherd Affiant
Tarrant County, Texas
 By: N/A Deputy

AFFIANT

Complete if you are a person other than a Sheriff, Constable, or Clerk of the Court. In accordance with Rule 107: the officer, or authorized person who services, or attempts to serve a citation shall sign and return. The return must either be verified or be signed under penalty of perjury.

A return signed under penalty of perjury must contain the statement below in substantially the following form:

My full name is David Steele ShepherdMy date of birth is 6/19/1987 and my address is Foot North, R. P.C. - 12714 Exp. 4/30/2020

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Executed in Dallas County, State of TEXAS, on the 26th day of February, 2020.Steele ShepherdDeclarant/Authorized Process Server
PSC-12714 Exp. 4/30/2020

ID# & Exp. Of Certification

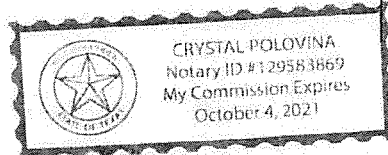
Steele Shepherd
 Declarant/Authorized Process Server
 ID# & Exp. Of Certification

SWORN AND SUBSCRIBED ON

Feb. 26, 2020

DATE

Crystal Lyn Polovina
 NOTARY



J

CAUSE NO. 20-02-02468

TEXIENNE ONCOLOGY CENTERS,	§	IN THE DISTRICT COURT
P.L.L.C. and TEXIENNE HOSPITAL	§	
SYSTEMS, L.P.,	§	
	§	
Plaintiffs,	§	
v.	§	
	§	MONTGOMERY COUNTY, TEXAS
UNITEDHEALTHCARE INSURANCE	§	
COMPANY; UNITEDHEALTHCARE OF	§	
TEXAS, INC.; UNITEDHEALTHCARE	§	
BENEFITS OF TEXAS, INC.; and	§	
UNITEDHEALTHCARE COMMUNITY	§	
PLAN OF TEXAS, LLC,	§	
	§	
Defendants.	§	284TH JUDICIAL DISTRICT

DEFENDANTS' ORIGINAL ANSWER

Defendants file their original answer, without waiving their right to move to compel arbitration, and state:

1. Subject to such admissions and stipulations as may be made at or before time of trial, Defendants deny generally and specially the material allegations in Plaintiffs' Original Petition, pursuant to Tex. R. Civ. P. 92, and demand strict proof thereof in accordance with the requirements of the laws of this state.

2. Defendants request the following relief:

- (a) That Plaintiffs take nothing by reason of their suit;
- (b) That Defendants be dismissed with their costs; and
- (c) That Defendants have such other and further relief, both general and special, at law and in equity, to which they may show themselves justly entitled.

Dated: March 18, 2020

Respectfully Submitted,

By: /s/ Andrew G. Jubinsky
Andrew G. Jubinsky
State Bar No. 11043000
andy.jubinsky@figdav.com
Lance V. Clack
Texas Bar No. 24040694
lance.clack@figdav.com

FIGARI + DAVENPORT, LLP
901 Main Street, Suite 3400
Dallas, TX 75202
(214) 939-2000
(214) 939-2090 (Fax)

ATTORNEYS FOR DEFENDANTS

CERTIFICATE OF SERVICE

This is to certify that a true and correct copy of the foregoing document has been served on the parties listed below on March 18, 2020.

Steven J. Mitby
smitby@seilermity.com
Kenna M. Seiler
kseiler@seilermity.com
SEILER MITBY, PLLC
2700 Research Forest Dr., Ste. 100
The Woodlands, TX 77381
Attorneys for Plaintiffs

/s/ Andrew G. Jubinsky
Andrew G. Jubinsky